



# STATEMENT OF ATTESTATION BY RELATIVE REGARDING RELATIONSHIP

State Form 52727 (12-06) / CW 2118  
DEPARTMENT OF CHILD SERVICES

## INSTRUCTIONS:

1. Person requesting placement of a minor relative(s) must complete this statement.
2. Submit white copy to the Department of Child Services (DCS).
3. Keep the canary copy.

### AFFIRMATION

I, \_\_\_\_\_ hereby affirm that I am the  
Name of person requesting placement

\_\_\_\_\_ of \_\_\_\_\_  
Relationship Name of relative child

I understand that this is a legal document and that any false statements are subject to immediate removal of  
the child from my home and to criminal prosecution.

### CERTIFICATION

I, \_\_\_\_\_ hereby certify, under the penalties of perjury,  
that I am the above-named relative, that I have personally prepared the foregoing statement and that the same is true to  
the best of my knowledge and belief.

### RELATIVE

Signature of relative	Date (month, day, year)
Printed name of relative	
Address of relative (number and street, city, state, and ZIP code)	

### DCS FAMILY CASE MANAGER

Signature of Family Case Manager	Date (month, day, year)
Printed name of Family Case Manager	

**DISTRIBUTION:** White - DCS; Canary - Applicant